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DR. C. J. B. WILLIAMS'S LECTURE ON HÆMORRHAGIC AFFECTIONS.

WE have next to consider the *hæmorrhagic affections* of the intestinal canal. We have enumerated all the more marked (intense) and distinct forms of inflammation, excepting that characteristic species, which we shall have to consider under the head of dyspepsia. The one of these classes of disease, that we meet with in practice, is so much like another, that it would take too long to go fully into them: there is, however, considerable room for arrangement and classification, and I shall, on some future occasion, take some pains to put them upon a different plan, in order to make their peculiarities more easy of appreciation.

The hæmorrhages of the intestinal canal may be referred to the same causes, as the other hæmorrhagic affections of which I spoke, under the head of general pathology. They may proceed from congestion going on to a great amount, or from determination of blood. Hæmorrhage is, sometimes, a symptom in the early stages of gastritis and also of enteritis, and in some degree in dysentery. Also, independently of the causes of congestion, there is sometimes a dissolved state of the blood, a deficiency of fibrine; and, hence, hæmorrhage takes place in the intestines, and vomiting of blood occurs, in connection with low fever or with a cachectic state, from the deficiency of fibrine. And, lastly, it may occur in connection with organic and structural disease of the stomach and intestines, which is, perhaps, the most common cause or source of hæmorrhage. Ulcer of the stomach, I consider to be an hæmorrhagic disease. In connection with all these affections, which are very apt to promote the occurrence of hæmorrhages of the intestinal canal, circumstances causing inflammation and obstruction of the circulation through the liver, either from functional or structural causes, and preventing the return of blood from the intestines, are very liable to cause congestion in the intestinal tube, and thus become predisposing and exciting causes of hæmorrhage.

Hæmorrhages of the intestinal canal are classed according to the situation in which they take place. Those commencing in the stomach, and leading to vomiting of blood, are known by the term *hæmatemesis*; and when they proceed from the other end of the canal, towards the lower part, leading to the discharge of blood by stool, they constitute *hæmorrhoidal flux*. When the blood is effused higher up in the canal, it sustains, in passing through the intestine, various changes in its aspect.

There is, here, evacuation of blood by stool, but it is in an altered condition; it loses its red, florid color, and becomes of a dark, pitchy appearance. Hæmatemesis, or vomiting of blood, is often preceded by a feeling of weight, or uneasiness at the pit of the stomach, sometimes accompanied by palpitation, or a feeling of pulsation at the epigastrium; as though the arteries pulsated with increased force. Then, there is a sensation of nausea, and fulness, previous to the blood being vomited. The blood thrown up is usually of a dark color, but it is not always so. It is not, generally, florid, and this is one of the characters by which it is distinguished from hæmorrhage from the lungs. It is, too, mixed with mucus of a slimy character; this is from the stomach, and it is unlike the mucus from the intestines; it is usually of a more ropy character, and does not contain any air. It is not preceded by cough, but by a feeling of nausea: this is another mode of distinction. It is, really, sometimes very difficult to judge from the patient's own account, for he will often tell you that blood is vomited—that there is the heaving of vomiting—when the blood is brought up from the lungs. Patients, in speaking of blood brought up from the stomach, will never tell you that it is coughed up. It is sometimes difficult to distinguish between hæmatemesis and hæmoptysis, as to the actual mode in which the blood is brought up, and the presence or absence of cough will not always guide us sufficiently: we must, in these cases, determine the fact by examination of the chest, and the total absence of pulmonary symptoms may assist us in forming the diagnosis. Another circumstance to be taken into account is, that when blood is vomited in considerable quantity, there usually is some also passed by stool, but in an altered state. Where this is the case, it is a strong argument in favor of its having been hæmatemesis, and not hæmoptysis. The immediate effect of the loss of blood may be to cause great faintness, giddiness, and even syncope. In some instances, hæmorrhage from the stomach has proved fatal. Dr. Watson mentions a case, in which it proved so, without any blood being thrown up at all: the patient died of a fainting fit. Sometimes the vomiting of blood may occur again and again, and the patient may be quite blanched by the repetition of it. It is, generally, less dangerous when occurring in women than in men. It is not at all uncommon to find a quantity of blood vomited when the menstruation is irregular. This is far from being a fatal symptom. I have known patients to bring up almost a wash-hand basin full of blood, at that period, without the system suffering any other effect than a feeling of faintness, at the time. In males, it is generally indicative of an obstructed state of the function of the liver, and is usually connected with some other symptoms or signs of derangement of that viscus. The loss of blood may cause extreme faintness, followed by a re-action; the pulse, too, becomes extremely irregular, and various symptoms of anæmia occur. On *post-mortem* examination, the appearances of the stomach are very uncertain; sometimes it is found to be congested, but where the vomiting of blood has been considerable, the congestion of the stomach is found to be more or less relieved by the loss of blood. But, in some instances, there are found various organic lesions and traces of mischief having occurred,

such as ulceration or perforation of the coats of an artery, which always leads to fatal hæmorrhage. Where the hæmorrhage has been long continued, there are black patches in some parts of the stomach, and ecchymoses of its coats. Enlargement of the mucous follicles is seen in these states, and in some of the inflammatory diseases I have before mentioned. But, where the disease has been very serious, and has proved fatal, there is almost always found some organic disease of the stomach, the chronic ulcers I before mentioned, or else some malignant disease, as scirrhus. The liver, in such cases, is also found affected with disease. The exciting causes of hæmorrhage from the stomach appear to be bad living, and imperfect action of the bowels, besides the causes already enumerated. Hæmatemesis occurs, also, in gouty persons, and where there is great constipation or imperfect action of the liver.

The treatment of hæmatemesis is to be modified according to the amount of hæmorrhage, and the state of the constitution. Where it occurs in plethoric persons, or is accompanied by fever, it is not desirable at first to check the hæmorrhage, but rather we must reduce the fulness of the blood and the inflammatory tendency. We may do this by depletion: venesection or leeches applied to the epigastrium, or to the anus, may be necessary. But, in all cases of hæmorrhage from the intestinal canal, it is highly desirable to increase the natural secretions of the abdominal viscera; and, as I have mentioned that obstructed action of the liver is almost always connected with the disease, medicines which act on the liver are most commonly eligible—calomel and blue pill, with saline aperients, in the first instance, and followed the next morning by sulphuric acid, and sulphate of magnesia, in sufficient doses to pass readily through the intestines. Very frequently, these means, alone, without astringents, will tend to retard hæmorrhage from the stomach. When the hæmorrhage is more considerable, and the patient appears to be much weakened by it, we must adopt immediate measures to arrest it; and this may be done pretty surely—if no organic disease is connected with it—by sugar of lead combined with opium; and, likewise, oil of turpentine, in small doses, seems to act very effectually here: from 15 to 30 minims for a dose, repeated four or five times a day. In persons, already considerably blanched, and in whom the hæmorrhage appears to be quite of a passive character, unaccompanied by any increased action, the muriated tincture of iron is useful. In the scorbutic forms of the disease, tonics and astringents are commonly employed; oil of turpentine and creosote, with other measures to support the strength of the patient. Even here it is necessary to see that the secretions are free, and to promote this, muriatic acid is sometimes useful. Melæna is merely a modification of this affection, and the treatment is the same. There may be a discharge with the fæces of blood, or matter of pitchy blackness; and sometimes there is, accompanying it, pain in the iliac and hypochondriac regions, and great agitation and pulsation. It is necessary to purge freely; castor oil and a few drops of turpentine are very useful, and acid mixtures, in most cases, are serviceable in promoting the natural secretion, and tending to arrest the bloody flux. Hæmorrhage from the lower

intestines, is an hæmorrhoidal flux, and in some of these cases the blood passes of a bright red color; sometimes, there is a dark-colored liquid, and sometimes one of a florid color. This disease is to be treated surgically, when seated at the verge of the anus. Sometimes, it is located higher up, but, generally speaking, it is a congestive disease, owing to the imperfect action of the liver: the veins become obstructed and gorged from the blood accumulated in them; sometimes, the blood coagulates and forms hæmorrhoidal tumors, which may burst and give rise to ulcers: this is chiefly caused by the passing of the fæces; sometimes, these attacks come on quite regularly. In many instances, where the liver is diseased, structural disease of the intestine occurs, and the blood does not pass with freedom through it, and congestion takes place. I saw, a few days ago, the body of a man opened who had died of an attack of bronchitis; he was a very hard drinker, and was in the habit of taking spirits to a great extent; the liver was very hard, and exhibited few traces of vascularity in it. I was confident the liver must have obstructed the circulation of the blood, and that he must have been in the habit of losing blood by stool: and it appeared, upon inquiry, that he had lost a considerable amount daily for many years past, until at last a bronchitic attack supervened, and proved fatal; this shows how a hæmorrhoidal flux proves a means of relief, even in the midst of serious organic disease. Congestion, in plethoric individuals, may go on for a considerable time, and then a hæmorrhoidal flux may come to the patient's relief, until apoplexy or some such serious disease results. A full state of the blood-vessels, in the intestines, arises from obstructed action of the liver, and a constipated state of the bowels. It often happens that the serious evils of constipation are relieved by the occurrence, from time to time, of hæmorrhoidal flux, which, perhaps, may be considered as a natural loss of blood, that is to say, a means by which nature gets rid of the consequences of these irregularities—a sort of safety-valve to the system. This is the common rule; but, in some cases, the fluxes are so great as to weaken the system very considerably. Where the flux has continued for some time, and has then subsided, it is surprising what a degree of diseased action may result. This matter has been forced upon me by repeated observation, and you often see, in connection with the suppression of hæmorrhoidal flux, that patients become a prey to hypochondriasis, and a great amount of distress and suffering, both mental and bodily, the relief from which is dated from the time the discharge again recurs. The flux is liable to be stopped naturally, and great evils are apt to occur; if this state continues, it may do serious mischief, and lead to a great amount of functional derangement. The treatment consists in preventing the occurrence of the hæmorrhage, and should be that which is calculated to promote the natural action of the intestinal canal, and particularly the action of the liver. Hence, you find that these troublesome affections are often relieved and prevented by a few doses of some mercurial, followed by cooling saline medicines. They require local treatment also. It is highly desirable to avoid purgatives that irritate the lower part of the canal. Scammony, colocynth, and even senna,

and, in some cases, calomel, are to be avoided. The aperients should consist of mild mercurials, castor oil, sulphur and sulphate of potash, salines, sulphate of magnesia with nitric acid, and tartarized soda, &c. Stomachics are not often necessary. In some few instances, injections of acetate of lead (about six grains to four or five ounces of starch) with a little laudanum, and a small quantity of turpentine, are desirable.—*London Med. Times.*

CASE OF LABOR, COMPLICATED WITH RECTO-VAGINAL HERNIA.

By Professor C. D. Meigs.

Mrs. R., aged about 30 years, the mother of four children, all of which were born by easy natural labors, and one of them in a labor of two hours, was seized with the parturient pains at half past 11 o'clock last night. She was at full term, and in good health, save that she had complained much of an unusual pain in the right side of the abdomen, and particularly in the right iliac region.

Her physician, Dr. Bicknell, was called to the charge of the case:—Dr. B. discovered a tumor occupying the cavity of the pelvis, which impeded the progress of the labor. The woman's pains were frequent, and violent, and attended with the most excessive tenesmic effort at bearing down. Dr. B. invited me to see the patient, and I arrived at 2 o'clock, P. M., at her house in West Philadelphia.

The external parts were in a relaxed state. The index finger used in touching was pressed towards the symphysis pubis, by the tumor which seemed nearly to fill up the pelvic cavity and effectually to debar the head even from engaging in the superior strait, though the labor had continued already 14½ hours, in the case of a woman who in all other labors was occupied but two hours with the whole process.

I could just conveniently touch the presenting part of the head, which was in the 4th position of the vertex presentation. The os uteri fully dilated.

The tumor was compressible. I touched by the rectum, and so discovered that the tumor was in the peritoneal *cul-de-sac* betwixt the rectum and vagina, but distending that *cul-de-sac* enormously. The diagnosis could be nothing else, considering the softness of the swelling, than a vaginal enterocele, which I immediately proceeded to reduce.

The woman was placed on her left side. The knees drawn up. I introduced the fingers of the right hand into the passage and pressed the ends of them against the lower part of the tumor. By keeping up the pressure a short time, during which I repeatedly exhorted the woman to be passive, and not to bear down at all, I could cause the whole mass of the swelling to rise up towards the back part of the superior strait. As the mass ascended, it grew smaller, until on a sudden, the whole tumor slipped beyond the reach of the hand, and was lost. I announced this good fortune to the patient, and exhorted her not to bear down at all with the approaching pain, lest the gut should again prolapse. The pain that

ensued brought the head nearly through the superior strait and partially rotated the vertex. The second pain rotated the head and propelled it on the perineum; the third brought the vertex considerably beyond the pubic arch, and the fourth expelled a very large and healthy child; after which the placenta came off in a few minutes.

I look upon this as a very interesting case: not merely on account of the rareness of vaginal enterocele in the pregnant female, but as exhibiting the power of such a tumor to suspend and impede the progress of a labor in all other regards natural and healthy.

I presume, as so many hours had already elapsed in vain and exhausting efforts by a strong woman, that there was reason to fear a dangerous strangulation or contusion of the displaced bowel; and that it was fortunate for the patient that the intestine could be returned above the plane of the strait. The rapidity with which the head passed through the whole pelvis and the soft parts, as soon as the obstruction was removed, showed conclusively that the vaginal enterocele was the cause of her distress. As I have never met with such a case before, I thought the publication of it might prove useful to some of the younger of your readers, should one of them happen to meet hereafter with a similar instance of difficulty.—*Philad. Med. Examiner.*

LONG-CONTINUED INSANITY, WITH SPEECHLESSNESS, &c.

WE are enabled to present the following case of insanity with the minuteness and particularity that renders it both interesting and instructive.

——— B. was admitted to the New York State Lunatic Asylum January 21, 1843, aged 31; and the following particulars of his life previous to his admission to the Asylum, were furnished us at the time by his very intelligent sister.

He possessed an amiable, retiring disposition, and from early childhood was passionately fond of books. In his earlier years he was not so much distinguished for the rapidity with which he committed to memory, as for his inquisitiveness, and desire to thoroughly master every study to which he turned his attention. His love of study increased until the age of 15, when he commenced preparing to enter College. Although he taught school two winters in the mean time, yet he so closely applied himself to his studies, that at the age of 18 he entered the Senior Class in ——— College, and graduated at the age of 19. Close application to study had so impaired his health, that he was advised by his friends to take a voyage at sea, which he did. He returned in about four months, considerably improved. For the purpose of confirming his health, the next year was spent at home laboring on the farm. But during this year he continued to study. In 1832, he was called to part with an affectionate mother, which deeply affected him; and in a few weeks after this event he left for the West, and spent several months in Kentucky teaching school. While here he was much opposed because he prayed in his school, and finally left it rather than violate his conscience. After the

lapse of a year, he returned to his friends in feeble health, where he spent several weeks. He next went to Saratoga county, N. Y., and engaged in teaching. While here his health declined so much that he fainted several times in his school. Being compelled to abandon his school, he went to Washington, D. C., and spent some time, and then engaged in lecturing on Languages in the Western States. He met with good success, and his lectures were highly spoken of by the learned; but ill health finally compelled him to give up this also. He then went into Indiana and purchased a farm, where he spent one year in manual labor endeavoring to regain his health. His health became considerably improved, and he sold his farm and resumed his former business of lecturing. A broken-down constitution again compelled him to desist; he spent some time in travelling, and in the fall of 1836 he went to Illinois, where he passed the winter. But during all the time he continued to study with great ardor, particularly languages, and acquired a good knowledge of Hebrew, Greek, and Latin, and also French, German and Italian. He also devoted much time to writing a Treatise on Mental Philosophy, which he intended to publish.

During the winter of 1836-7, his mind was considerably excited on religious subjects, and in letters to his friends lamented very much that he had passed so much of his time in an unprofitable manner, and had neglected to join the church and prepare himself for a missionary. In a letter dated March, 1837, he alludes several times to the *disturbed state of his mind*, and observes, "For some time past I have been much of the time in almost entire despair."

Soon after this, his system, which for years had been overtaken, and had been struggling against disease, could endure no longer; *Reason* was dethroned, and the affectionate son and brother was transformed into a raging maniac, looking upon every act of kindness from his friends as a plot to destroy him. An elder brother now attempted to take him to his place of residence, and succeeded in getting him to Michigan, where he effected his escape. Search was made for him in vain. In July, of the year 1837, he came home to his father's in a most wretched and suffering condition, presenting a spectacle most heart-rending to his friends.

The succeeding November he was taken to the McLean Asylum in Massachusetts, from which he made his escape in about seven weeks. He was pursued and taken in New Hampshire. On his return to the Asylum his liberties were somewhat abridged, and he promised, if he could be allowed his former privileges, he would not try to effect his escape. He remained contentedly until August, when he told one of the officers of the institution, "I will not be bound by my promise any longer." The officer replied, "Then you say you will try to effect your escape, do you?" "No," was his reply, "I do not say any such thing. I say I will not be bound by my promise any longer." At this time it was supposed he was restored, and his friends were so apprised. But before arrangements were made to take him out, he made his escape, of which he immediately apprised his family by letter from New York, in which he graphically and minutely described the ingenious

method he adopted to get away unnoticed from the Asylum. In three or four months he arrived at home. On all subjects excepting in reference to his confinement he seemed rational, but respecting this he was very indignant. He threatened prosecution for false imprisonment, and commenced reading Blackstone's Commentaries on Law, for the purpose of qualifying himself to defend his own suit, in case of prosecution. Efforts were made to keep him from his books, but without success. Mental application made him worse, and he commenced delivering public lectures against the Lunatic Asylums. In the spring of 1839 he left home, and was gone six months. On his return he was asked where he had been, and the only reply he gave was, "Two weeks ago I was drawn into Boston as King and Emperor of Canada, by twenty span of horses." He remained at home a year. He then went into the woods and manifested a disposition to remain there. In the fall of 1840 he became so violent that his family were compelled to confine him. On the 23d of December, 1840, he made his escape from the family by taking out the window-casing, and then the window, and nothing could be heard from him for fourteen months. In February, 1841, his family received a letter from him in Indiana, addressed to his father, asking for \$400 for the purpose of purchasing a tract of land of which he said he had possession. The letter exhibited much derangement of mind, and his brothers went after him; but although they travelled through several States, they could not find him. They often heard of him, and learned that as soon as people undertook to provide for him suitable food and raiment, he would leave the neighborhood, and would never accept of any presents, either food or clothing, unless he could pay for them. In November a letter was received from a man in Indiana, giving information that he had returned to that place, and was almost in a state of nudity. Two men were immediately sent after him, but before they arrived there he had effected his escape. They followed him nearly through the State, and finally gave up the pursuit as a hopeless task.

On the 2d of January, 1843, he made his appearance in Birmingham, Erie County, Ohio, where his brother-in-law and sister were residing. His feet were badly frozen, and his clothes were poor and dirty. He seemed to know his sister, but would not speak to her. Arrangements were soon made to remove him, and he was brought home to his family, but he spoke not a word to any person, nor manifested any emotion on seeing his home and kindred. He eat and slept well on the journey.

On admission to the Asylum, soon after his return, he weighed 130 pounds, was 5 feet 9 inches high, pulse 100 in a minute, though he struggled some to avoid our counting it, which probably increased its frequency. His head is of good shape, measuring in its greatest circumference 22 inches, and from the root of the nose to the middle of the back of the neck 14 inches; and from the opening of one ear across the head to the other, 14½ inches.

His countenance had a look of intelligence, and his manner was active and decided. He spoke not a word, nor did he notice anything, as he kept his eyes constantly closed when any person was near; and this

practice he always continued, though when he was alone in his room, and when he supposed no one saw him, he has been seen to open his eyes and look around. He also chose to stand constantly during the day, and never willingly sat down; he, however, would retire to bed at night, and always slept well. But his standing position was always a constrained one, sometimes on one foot or partially sitting down, or bent over, but always in a position to keep the muscles in a state of tension. By this practice he had fully developed the muscles of his body, which were large and remarkably firm. This was true even of the muscles of the face, and which gave to his countenance the appearance of resolution, firmness and intelligence, instead of the look of idiocy which is often seen in those who have been long insane.

Immediately after reception he was bathed, and as his bowels were costive, he took laxative medicine; and for incontinence of urine, tincture of lytta with some benefit, but not with entire relief. During the winter, spring and summer, he remained without much change, though he increased in flesh, and was somewhat more active than when he came. The shower bath was occasionally tried, and he had a seton in his neck; and various methods were adopted to change his condition and induce him to speak, but without any effect. During the summer he had apparently a rheumatic affection of his knees, which were much swollen for a few days; and in August he had an attack of diarrhœa, which so rapidly prostrated him in a short time, that we became alarmed, and so informed his friends. He, however, soon recovered, and continued without change during the following winter, spring and summer, until August, when he was again attacked by diarrhœa with great severity, and which terminated his existence in a few days. With the exception of a previous short attack of diarrhœa, and a slight rheumatic affection, his bodily health seemed perfect during the time he was at the Asylum, and he eat and slept well and regularly.

Notwithstanding we resorted to various methods to surprise him and induce him to speak, he was never known to utter a word from the time he was arrested in Ohio until his death, with one single exception, which was as follows. In the spring of 1844 an attendant undertook to lead him from one part of the hall to the other, when he exclaimed, "*Let me alone.*" How long he had been thus taciturn before he came to the Asylum, we do not know; but presume he said but very little after he left his home in 1840.

Autopsy.—On examination, no particular marks of disease were perceptible, except in the brain. This organ, including the cerebrum and the cerebellum, when detached from the dura mater, weighed 3 lbs. 3 oz. Avoirdupois; the cerebellum, with the annular protuberance, and the medulla oblongata, 6 oz. 1 dr. The skull and membranes appeared healthy, except the arachnoid membrane and pia mater, which were deeply injected with blood, and were thicker and firmer than natural. The brain itself on its anterior surface exhibited to the eye nothing unusual, but it was unnaturally hard, as if it had been parboiled or tanned.

On reversing the brain and looking at its base, it appeared to be

healthy, but we were surprised at the unusual depth and size of the depressions made in its anterior lobes by the orbital processes of the os frontis. These depressions were larger than usual, and twice as deep. The orbital processes forming the roof of the eyes were consequently unusually convex. To prevent mistake in this respect, we compared them with a large number of preparations of the same parts.

On examining the depressions alluded to with great care, we found the convolutions of the brain at these points unusually small, and the cineritious portion very thin; and in fact all of the anterior convolutions of the brain appeared as if partly absorbed, and the skull over this part was thicker than usual, more so than other parts of the cranium that are usually the thickest. All other parts of the brain appeared healthy. The cerebellum was unusually large, and exhibited no marks of disease.

Remarks.—It will be noticed that the most distinct marks of disease or deficiency of the brain were in the part corresponding to that where Gall and his followers have located the organ of language. It will also be recollected that his greatest pursuit and pleasure in life was the study of the languages, in which he had made remarkable proficiency, and that after his derangement of mind he ceased to speak for several years. Did over-exertion of the organ occasion the disease? Or did the long disuse of language cause the absorption of the brain mentioned?

Satisfactory answers to these queries may perhaps be obtained by careful observation of cases resembling this, especially of cases in which the long-continued disuse of language was a striking characteristic.

CASE OF UNUNITED FRACTURE.

[DR. WM. M. BOLING, of Montgomery, Alabama, relates the following case in a late No. of the Western Journal of Medicine and Surgery.]

On the 16th of November, 1841, I was called to see a very stout, robust, and muscular stage-driver, who, in driving the stage out of town at night, had upset it, suffering in consequence a fracture of one of his clavicles, and an oblique, slightly comminuted fracture of the left femur, below the middle. The limb was dressed with a roller bandage and paste-board splints, and placed in the modification of the double inclined plane, described by Dr. Nott, of Mobile, in the November No. for 1838, of the American Journal of Medical Sciences. At the end of seven weeks the limb was removed from the apparatus. The fractured part was surrounded by a large mass of provisional callus, and appeared firm. For several days he made some awkward attempts to walk with crutches, assisted by his companions; one of whom generally supported him on each side.

Dissatisfied with the slow progress he made in *re-learning* to walk, and attributing it in a great measure to want of confidence, his companions one day led him into the middle of the room, out of the reach of anything by which he might steady himself, and there left him to support himself with his crutches as best he could. He tottered for a few seconds and fell.

On examining the situation of the fracture, the ends of the bone were found quite movable, though the provisional callus appeared to have sustained no injury from the fall, the motion taking place, within the callus, between the ends of the bone, as in the capsular ligament of a joint. No grating or crepitus could be heard, as in a recent fracture, by rubbing the ends of the bone together.

The apparatus was re-applied. Upon examination at the end of five weeks, the parts were found in *statu quo*. During the whole treatment of the case he was very restless, and impatient of confinement, frequently moving and turning himself in bed; and when his companions refused to assist him, he would call in such persons as he could see passing his door, and beg of them to move him. He frequently unbuckled the straps which confined the limb to the apparatus.

By this time confinement and low diet had reduced him considerably. I put him upon a generous diet, and allowed him a moderate quantity of brandy and porter.

After rubbing the ends of the bone together, till considerable pain was produced by it, I again applied the apparatus. At the end of seven weeks more I examined and found the parts apparently still more movable. The provisional callus had diminished, and appeared to partake much more of the nature of fibro-cartilage than of bone. The poor fellow's patience and hopes seemed now completely exhausted; and, with tears in his eyes, he begged me to amputate the limb.

I now determined to try the effect of a starch bandage, if possible so arranged that he might walk about. With this intention I covered the limb from the toes up to the top of the thigh, with a simple roller applied with moderate tightness. Over this to the same extent I applied two folds of the bandage, well saturated with starch. Next I applied four splints of book-binder's paste-board—well softened—reaching from the knee to the upper part of the thigh; and over these again, five or six folds of the starched bandage.

The limb was now kept in an easy and straight position for some four or five days; at the end of which time the bandage had become perfectly dry, very firm, and fitted so accurately to the limb that it was impossible for the fractured parts to yield in any manner.

His companions now undertook the task again of teaching him to walk—and with such success this time, that, in a little more than a week, he was able to get about pretty well with the assistance of a cane only. In two or three weeks more he was in the stables attending to the stage horses. His gait was vigorous, and, with the exception of the stiffness of the knee—necessarily occasioned by the bandage, for the time—no palpable defect could be observed in his walk.

In four or five weeks from the time of its application, that part of the bandage covering the foot and ankle had become displaced, and the parts consequently swollen and chafed. On this account I removed the whole of the bandage and applied another in the same way. While the bandage was off I did not attempt to see whether the limb would bend or not. The last bandage remained on about six weeks. On its removal

the fracture was found firmly united. During all this time he was going about working in the stables, and at no time, while doing so, did the fractured part cause him more than a very moderate degree of pain. The fractured limb was nearly half an inch shorter than the other; but the shortening had occurred before the application of the starched bandage.

CYANOSIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is so uncommon that we see the symptoms of cyanosis in adult life, resulting from morbid causes similar to those exemplified in the following case, that I cannot withhold it from the profession:—

W. ——— (Shaker), æt. 21, had never enjoyed good health from his birth—was universally anasarcaous. The entire surface of his body was of a dark purple appearance, especially the face and the extremities of the fingers. This appearance was never entirely absent. After a little more exercise or mental emotion than usual, hurried respiration, cough, palpitation, and a sense of suffocation, would ensue, attended with a blackened or strangulated condition of the face. After having been more unwell than usual, he died suddenly on the 12th inst.

Post-mortem Examination, twenty hours after Death.—Blue discoloration of the whole exterior. On raising the sternum and cartilages of the ribs, the pericardium was brought into view, occupying the whole anterior part of the thorax, the lungs lying at the posterior part, being pressed upon by the pericardium and its contents. Pericardium of great size, increased in thickness, and containing two quarts and one gill of slightly yellowish serum. Right auricle hypertrophied; three times its usual thickness. The free edges of the tricuspid valve were covered with cartilaginous depositions, or cauliflower excrescences. These excrescences were so large as very much to diminish the natural size of the right auriculo-ventricular orifice. Right ventricle in a state of concentric hypertrophy. Its walls were one inch in thickness; at the thinnest part, half an inch. The right ventriculo-pulmonary orifice, or the orifice of the pulmonary artery, was contracted so as to admit with difficulty a crow's quill, or a small-sized goose quill. The pulmonary extremity of this opening (for it seemed to be drawn out to a point) was covered throughout its entire circumference with these cauliflower excrescences, small and spongy. The left auricle and left ventricle were of the usual thickness, although their cavities were of a smaller size than natural. The *foramen ovale* was open; its diameter half an inch. Ductus arteriosus obliterated. Umbilical vein and ductus venosus open.

It is agreed by all, I believe, that the symptoms of cyanosis depend on the circulation of imperfectly arterialized blood in the arteries, or on the mixture of arterial and venous blood. How this mixture is effected, has been a matter of dispute. If the *foramen ovale* remained open, the certain result would be a mixture of arterial and venous blood, to which all the symptoms were attributed. This explanation was undisputed

until the time of Corvisart, who first doubted the correctness of this pathology, in consequence of finding cases in which the foramen ovale was entirely closed, and yet all the symptoms of cyanosis having previously existed; and furthermore, cases have been recorded where the foramen ovale was found open, and yet no symptoms of cyanosis had previously existed. It has been argued that no mixture of arterial and venous blood can take place, the foramen ovale remaining open (no other condition being present), in consequence of the maintenance of an equilibrium between the two columns of blood in both auricles; each being filled at the same time, the left receiving its supply from the pulmonary veins, and the right from the venæ cavæ, and the simultaneous contraction of both. In 139 children examined by Dr. Billard, dying at all periods from one to eight days old, the foramen ovale was found open in 113, and yet no one of these 139 had the slightest symptoms of cyanosis. Hence it is argued that if an open foramen ovale be a cause of cyanosis, why was it not seen in these cases? and furthermore, that cyanosis supervenes at the commencement of respiration, or very soon after it; therefore, in the production of cyanosis, some cause must be sought other than an open foramen ovale. The opinion is strengthening, that instead of an open foramen ovale causing cyanosis, it will be found invariably, on a close inspection, that a contraction exists at the right ventriculo-pulmonary orifice, thus affording a serious obstacle to the due aeration of the blood; or the blood may pass with its usual normal freedom from the right ventricle, and a contraction exist at the right auriculo-ventricular orifice, or at the tricuspid valve; an obstacle, which, from the contraction of the auricle, would cause a mixture of arterial and venous blood through the foramen ovale. It is difficult to see how cyanosis can be produced from an open foramen ovale, unaccompanied by those morbid conditions which I have suggested.

SELDEN JENNINGS, M.D.

Richmond, Ms., Sept. 28, 1844.

THE OPERATION FOR CATARACT.

[Communicated for the Boston Medical and Surgical Journal.]

So much has been written by distinguished European and American surgeons on this subject, that any additional observations may be thought superfluous. There are, however, some very important points in the detail of the different operations, that may not prove destitute of interest to your readers. The operation is never sought unless by those under the most painful apprehension of the loss of a faculty far more precious in their estimation than any other they possess. Scarcely a passing notice is bestowed upon it by the professors of our colleges, and the young surgeon (for, unlike the greater operations, this often falls to his share) enters practice with an amount of knowledge entirely inadequate to its proper performance; whilst there is no operation that will reflect more credit or disgrace, in proportion to its successful or unsuccessful result. Indeed, so highly is a successful case esteemed, that it may in reality be called, with-

out great subsequent misfortune, an unlimited letter of credit to the young surgeon, who is fortunate enough to achieve it successfully.

The diagnosis of cataract, with whatever difficulty may appertain to individual cases—such as its complication with glaucoma, amaurosis, or its consistency, whether hard, caseous or soft—is supposed to be as well understood as possible by the individual who is about to operate; these points cannot, with propriety, form any part of an essay like the present. The single point of its softness alone, must be determined, if possible, before an operation, as it should control its choice, and must necessarily influence the prognosis. In a word, if it is known to be fluid, it can neither be extracted nor depressed; and if fluid, or not of sufficient consistence for depression, and in a person over 60 years of age, though the capsule might be lacerated, absorption could not be anticipated with any certainty, though assisted by mercury. Fluid cataracts are not common, however, in old people, and fortunately caseous ones will admit of laceration and absorption—as I know by ample experience—even at 50 years of age. There is but one certain diagnosis of a fluid cataract, either in young or old—and that is, the shifting of position in any light specks that usually exist in them. If the pupil be well dilated with belladonna or hyoscyamus, and the patient directed to give his head a sudden shake, a good eye, and in a sufficient light, will detect the movement. I am particular in the directions; for though assured by many of its impossibility, I am often governed in the choice of an operation by a conclusion thus formed. In such cases there is but one choice, and that is only in the place of puncturation. If an infant, or an adult of 20 or even 30 years, and in robust health—and, above all things, not of a nervous temperament—I choose the anterior or Saunders's operation, as the most simple, and one that can be repeated without danger, and will eventually succeed. If the patient is over 30, I choose the posterior operation, and for two reasons: the cataract requires more laceration than can be effectually done through the cornea, and if only partially fluid, which is more likely to be the case after 30, after lacerating the capsule you may depress the body of the cataract, though I would never recommend depression at all if there is a reasonable hope of absorption, or extraction can be performed. This sentiment is founded upon the certainty of nature's intention in furnishing a vitreous humor to the eye—and that was, undoubtedly, that it should perform a specific function—a conclusion which I should suppose would be rejected by those who still practise the absurd operation of reclination, certainly a most wanton and unnecessary destruction of a structure highly important to vision; hence, also, the certainty that when successfully performed, and without loss of the vitreous humor, extraction is to be preferred to depression, however modified.

New York, Sept., 1844.

E. H. DIXON.

(To be continued.)

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 16, 1844.

Scarcity of Anatomical Subjects.—Constant complaint is made, of late, on account of the extreme difficulty of procuring subjects for anatomical study. Gentlemen who have made extensive preparations for accommodating students, have been obliged to suspend their courses of practical instruction in that most essential of all departments, demonstrative anatomy. Some, perhaps, may imagine that a multiplication of schools has contributed to produce this inconvenience; others, in their wisdom, conceive that too much attention is given to demonstrative anatomy. He must be blind indeed, who would have men study bones, muscles, arteries and nerves, exclusively by plates. The fact is, medical institutions have increased, and so has the population of the country. More of everything is required now than formerly, to meet the wants of the community over the whole Union. Students of medicine are increasing, and if the public would have accurate, learned and accomplished surgeons and physicians, all obstacles to their suitable preparation must be removed.

It was the intention of the General Court of Massachusetts, by an act passed some years since, to facilitate the study of anatomy, and in doing so, forever put a stop to violations of the tomb. Paupers, unclaimed by immediate relatives or friends after death, were to be delivered to medical gentlemen of respectability. It so happens, in the practical working of this law, in the almshouses of the cities, that some one inmate claims to be the friend or relative of the deceased, and thus an uninterrupted chain of relationship, which no one calls in question, actually puts a barrier in the way, almost ruinous to the pursuit of anatomical investigations. If some one would take the matter in hand the ensuing winter, and obtain a modification of the act, so that those claiming to be relatives and friends of paupers should relieve the State of the burden of funeral expenses, no more embarrassment would be felt from this source.

Although this complaint may appear to the world at large as an exclusively professional piece of selfishness, it is really of immense consequence to society. The public must either aid in this responsible labor of obtaining a scientific education, or in sickness pay the penalty by suffering under quacks and ignoramuses.

Brass Pin in a Tumor.—Dr. Dexter, of Lancaster, N. H., recently opened a tumor the size of a hen's egg, on the left shoulder of a young girl, 14 years of age, in the town of Stark, N.H., which was filled with pus. As the matter was running from the incision, the doctor saw the head-extremity of a brass pin protruding from the opening, and which he extracted with forceps. It was one of the large kind called *ounce pins*, minus a head, corroded, but firm and strong as it ever was. How it got there is a question. The patient had never suffered from pain at the location of the tumor, till the inflammation commenced, which was only

eight or nine days before the tumor was opened. Neither had the family any recollection of her having swallowed a pin, or had one accidentally thrust into the flesh. Dr. Dexter's opinion is, however, that when she was a small child, she actually swallowed the pin which he extracted from over the centre of the shoulder-blade.

This is only one of the thousands of cases on record, where nature, under the impulsive influences of life, relieves the system from sources of irritation that threaten the total destruction of the beautiful mechanism of the body.

Medical Lectures—in St. Louis University, begin in November. Although there are two schools of medicine in Missouri, both in the thriving city of St. Louis, they have sufficient support to warrant them in looking forward with high expectations of usefulness and distinction in future years. Of the University School of Medicine, very little need be said of it to show how strong a hold it has on the public confidence at the West. Nine students received doctorates at the late commencement.

In the *College of Dental Surgery*, at Baltimore, the lectures also begin in November. At one time there was a disposition on the part of some gentlemen to throw a shade of doubt on the success of this school. They could not believe that there were young men enough in the world, who wished to become scientific dentists, to support an institution organized on the principles of the Baltimore College. It has so far, however, lived down all opposition, and disappointed those who prophesied its downfall. Seventeen gentlemen received degrees at the close of the last session—*Doctors of Dental Surgery*. There may be a host frowning upon this College, and foretelling its ultimate neglect; but they cannot alter its destiny. It is a school for making safe dentists, and the people will have confidence in those who have been taught there.

Protective Powers of Vaccinia.—An essay, to which was unanimously awarded one of the Boylston Prizes for the present year, was written by Samuel Forry, M.D., editor of the New York Journal of Medicine. The dissertation is printed in the last No. of that Journal, and embraces nearly thirty closely-printed pages. As the question proposed was—"To what extent is the human system protected from smallpox by inoculation with the cowpox?" the author had full scope for conducting an investigation which must have been particularly agreeable to him, since his taste leads him to the consideration of subjects requiring patient investigation into causes, and to collecting and storing up, for future use, the statistics of everything which can be of utility in solving difficult problems, or illustrating the progress of society, the arts, the sciences and human improvement.

The conclusion of the whole elaborately-prepared article is as follows, viz.: "We go upon the principle that *the more you vaccinate the better*. We have re-vaccinated ourselves annually for the last ten or twelve years, but the year of our complete success has not yet come; and we regard ourselves, judging from the fact of repeated exposure, as entirely protected against the variolous poison. If individuals are successfully vaccinated in childhood, all facts would seem to prove that there is no

necessity for re-vaccination before the tenth year of age; and the same data lead to the conclusion that the most suitable age is from the period of puberty to that of confirmed manhood. Our own opinion is that vaccination should be repeated at the age of 15 years or earlier, and again at 25. After this last period, as man seems to acquire, with the advancing years, a natural inaptitude to variola, there would seem to be no further necessity for vaccination."

"Although vaccination, as well as variolous inoculation, is a discovery which attests the wonderful powers of the human mind in unfolding the secret provisions which a beneficent Nature has provided for the mitigation of her most baneful pestilences, yet the history of vaccination unfortunately proves that the sanguine anticipations of its early advocates—that Nature has thus furnished us with a means adequate for the complete extermination of smallpox from the face of the earth—are vain and illusory. But notwithstanding the results of time have shown the error of these premature assumptions, yet the benefits conferred upon the human family are sufficiently great to place the name of JENNER among its greatest benefactors—a judgment in which the physicians of all the world are unanimous. That good and evil shall be blended, is a general law of our physical and moral nature, to which the history of smallpox and vaccination offers no exception. In a word, how unrequitable are the obligations of the human family—of countless generations yet unborn—to him who, eliciting this mysterious secret from the dark recesses of rural tradition, rendered it available to all human kind!"

Urisopia.—In the city of Detroit, the capital of Michigan, we lately saw something in the line of quackery that quite overtops the empiricism of Massachusetts. Large yellow bills were posted up over the town, and thrown into shops and hotels, headed *Urisopia*, in mammoth letters. Then followed the advertisement of a certain Dr. I. Snyder, whose "*mode of practice is well known to a great many who reside in Michigan, Indiana and Illinois.*"—"He describes disease by the urine. It is required to be brought to him in a clean phial; the first in the morning is preferred." "As Dr. Snyder's office is almost always filled to overflowing with applicants for medicine, every one will be attended to in turn!"

Here is evidently an attempt to repeat the old urinary farce, so called, which duped half the invalids in England at one time. The mail bags, it is said, were actually freighted with franked bottles of urine! Nothing, however, is too absurd for some minds: and whatever has proved productive abroad, is sure of being patronized by the same order of people in the United States. We are fated, as a nation, to have inflicted upon us all the humbugs of Europe, and well would it be for us if the faster they come the sooner they would pass away.—Animal magnetism has made its exit; the urine mania is getting well under way for a popular run, in the direction of the planets, from West to East. Next, the metallic tractors may re-appear, to be succeeded by wooden skewers, and the London cures by them may be revived with immense benefit to that class of patients who are always quickly cured by the last new kind of practice.

Boston Dispensary.—The whole number of cases treated by the twelve visiting physicians of the Boston Dispensary, during the year ending

September 30th, according to the abstract of the reports, was 2317; of whom 1796 are reported as having recovered, and 87 died. Of these cases, 107 were child-births. The number of patients reported as intemperate, is 74; temperate, 1979; children of intemperate parents, 25—though in these particulars, some of the physicians' reports are incomplete. The number of Bostonians among the patients was 96; American, 428; born in the United States of Irish parents, 752; Irish, 926; British, 78; other nations, 37. The greatest number of cases was in Ward 2, under the care of Dr. E. D. G. Palmer, the number in that Ward being 418.

The following physicians were chosen, last week, for the present year:

Consulting Physicians, S. D. Townsend, J. Bigelow. *Visiting Physicians*, John Spence, Jr., Wards 1 and 3; E. D. G. Palmer, Ward 2; George Hayward, Jr., Wards 4, 5 and 6; Samuel Cabot, Jr., Ward 7; Le Baron Russell, Ward 8; G. N. Thomson, Ward 9; Wm. H. Thayer, Ward 10; C. E. Buckingham, Ward 11; Andrew Alexander, Ward 12, South Boston; P. M. Crane, East Boston.

Fiske Fund Prize Questions.—The Trustees of the Fiske Fund, in Rhode Island, propose the following questions for 1844-45:—1. "The best mode of treating, and the best apparatus for the management of, fractures of the thigh." 2. "The character, causes and best treatment of bronchitis." For the best dissertation on each of these questions, the sum of fifty dollars will be paid—the dissertations to be sent, previous to May 10, 1845, to Dr. L. L. Miller, of Providence, Dr. T. C. Dunn, of Newport, or Dr. Jabez Holmes, of Bristol.

Fœtal Circulation.—Mr. John Childs, an ingenious and accurate artist, of Boston, is lithographing G. J. Martin Saint Ange's plan of the circulation of the fœtus, the text accompanying it having been translated by T. W. Jones. The drawing is of the natural size at birth, to be beautifully colored. All the thoracic viscera are seen in their proper relations to each other, and the bloodvessels of the abdomen, kidneys, mesentery, &c., together with the cord, to its extreme ramifications in the placenta, are true to the life. This is but an outline of Mr. Childs's admirable undertaking, which should receive the patronage of every practitioner and student of medicine. Whenever the work is ready for the medical public, we shall be extremely happy to announce the intelligence.

Mechanical Skill necessary for the Dentist.—The Washington Editor of the American Journal of Dental Science, writes as follows of one of the requisites for a skilful and successful dentist.

"As to the dental instruments made by Chevalier, Arnold and others, we have heard them spoken of in very high terms, but cannot judge of their value from the use of them, nor indeed of those of *any other* cutler, having never used any dental instruments (except forceps, and these we remodel, and files) but those made by *ourselves*. With deference to the opinions of others, we think all dentists should make their own excavating, plugging and scaling instruments. We will even go so far as to say that—entertaining our present views of the qualifications necessary to practise dental surgery properly, and of our duty to our patients—if we

could not make those instruments we should do both our profession and the public an act of justice by changing our occupation. It requires a far inferior grade of mechanical talent and skill to make any implement we use, than to do *justice* in a difficult operation upon the teeth. A most happy and just remark was made by the president of the American Society of Dental Surgeons—that 'the *hands* of the dentist should be educated as well as the *head*;' and this manual education can only be obtained by long use—use from boyhood to manhood—of small tools; large or heavy ones will not only make the hand too large, but they destroy that pliability and delicate sense of touch, which, if not so necessary for the success of the operation, are all important for the feelings and welfare of the patient. We are frequently applied to for instructions in our profession, and the first question we ask the applicant is, 'have you been accustomed to any labor requiring some mechanical skill, and the use of the hands?'—if not, the man is dismissed as not prepared to *commence* his studies—advised, perhaps, to turn his attention to law, or some other profession that requires the head *only* to be educated, and answered that for the profession of dental surgery, his preparatory course should have commenced as early as his tenth year."

Asbestos in Dental Practice.—A correspondent of the Forceps says that the use of asbestos in those cases of caries where the cavity of the tooth so nearly approaches the nerve, as to render it sensitive to the application of the instrument, and liable, therefore, to be affected by the transmission of caloric through the dental stopping, might probably be advantageously extended. It is important that the material employed should be as indestructible in the tooth as the gold with which it is to be covered; that it should not be liable to absorption through the medium of the vessels of the bony structure of the tooth, and that it should be as nearly an absolute non-conductor of heat as possible. Filamentous asbestos, which very much resembles floss silk, or very fine cotton, possesses these several indispensable requisites in an eminent degree. There are various qualities of asbestos; that, however, which is used to prevent the transmission through the metallic stopping, to the barely protected nerve beneath, of the two sensations arising from the action of heat and cold, should be very fine in its filaments, delicately pure and white, and scarcely distinguishable from the best kinds of untwisted silk. Previously to its application, the cavity should be well cleansed and dried, as in ordinary cases of caries. A sufficient quantity of the mineral to fill about one sixth of the space of the cavity, when well compacted beneath the gold, made very soft and pliable, should then be placed upon the parts adjacent to the nerve, and the operation finished by the introduction of the metallic stopping in the usual manner.—*London Medical Times.*

Copland's Medical Dictionary.—An American edition of Dr. Copland's Medical Dictionary, with notes and additions by Dr. Chas. A. Lee, of New York, has been commenced in that city, and is published in monthly parts by Mr. H. G. Langley.

Number of deaths in Boston for the week ending Oct. 12, 41.—Males, 19; Females, 22. Stillborn, 1. Of consumption, 8—typhus fever, 5—infantile, 3—scarlet fever, 7—convulsions, 1—marasmus, 1—delirium tremens, 1—syphilis, 1—teething, 1—dropsy in the brain, 4—inflammation of the bowels, 2—croup, 2—lung fever, 1—hooping cough, 2—old age, 1—canker in the womb, 1.
Under 5 years, 22—between 5 and 20 years, 2—between 20 and 60 years, 16—over 60 years, 1.

Convention of Dental Surgeons.—Some time since, an association of Dentists was formed in this city, called the "Cincinnati Association of Dental Surgeons," designed to promote the interests of the science of dentistry. With the view of extending their field of operations, and forming a bond of union among the dentists of the Mississippi Valley, the members of the profession in the West and South were invited to meet in convention at Cincinnati, on the 13th ult. A number responded to this call, and at the time appointed the convention assembled in the Medical College of Ohio; Dr. Joseph Taylor, of Maysville, Ky., was called to the chair, and Dr. Wm. B. Ross, of Covington, Ky., was appointed secretary. After a very spirited session of two days, during which time excellent addresses were delivered by Dr. Rogers, Dr. James Taylor, and Dr. Allen, a permanent society was formed, called the "Mississippi Valley Association of Dental Surgeons." Dr. Jesse W. Cook, of Cincinnati, was elected President; Dr. Wm. B. Ross, of Covington, Ky., Recording Secretary; Dr. James Taylor, Corresponding Secretary; Charles Bonsall, of Cincinnati, Treasurer; Drs. M. Rogers and J. Allen, of Cincinnati, and F. E. Sevier, of Madison, Ia., Committee of examination for membership. The Society adopted a Constitution and By-Laws, which for their strict provisions in regard to admission of members deserves the highest praise, and might advantageously be imitated by some of our Medical Societies. We heartily wish the Society success; and judging from the high professional standing of those engaged in the enterprise, there can be no doubt that the interests of this useful art will be materially advanced; and, therefore, all dentists who desire to see their science improved, should be found sustaining this Association.—*Western Lancet, Cincinnati.*

Cold Water in Typhus.—A very important agent in the treatment of typhus fever is cold water. To us it seems to have considerable claims to the character of a febrifuge. Used either externally or internally, it possesses more control over the temperature of the body, than anything with which the physician is acquainted. Our practice is to allow patients to drink *ad libitum*; and also to use it freely upon the skin when the heat is great, and when this organ is contracted. With the conditions of the system by which its use is contra-indicated, all are familiar. We would add, that we have not seen either rheumatism or pneumonia, as a consequence of the use of cold water in typhus, as contended for by Clutterbuck.—DR. DAWSON, in *Western Medical Journal.*

Therapeutical Application of Cold.—To insure good effects from the application of cold, the temperament of the patient should always be considered. In nervous persons, and upon irritable organs, the use of cold should never be carried to the same extent as in opposite states of the system, or in other parts of the body. Two young females, sisters, one of whom was of extreme susceptibility, the other more calm, were attacked at the same time with fever. Ice was applied to the head of both of them. The latter was relieved by the application; the symptoms of the former were, on the contrary, aggravated by it, and the attack soon proved fatal.—*Provincial Medical Journal.*